

POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM	Application Number	
	Filing Date	
	First Named Inventor	HORLACHER, Peter
	Title	
	Art Unit	
	Examiner Name	
	Attorney Docket Number	C 2754 PCT/US

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

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Practitioners associated with the Customer Number:

23657

OR

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Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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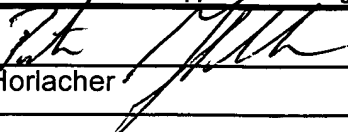
Applicant/Inventor

☐

Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature		Date	1/7/5/05
Name	Peter Horlacher	Telephone	
Title and Company			

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☐

*Total of _____ forms are submitted.

POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM	Application Number	
	Filing Date	
	First Named Inventor	RUF, Karl-Heinz
	Title	
	Art Unit	
	Examiner Name	
	Attorney Docket Number	C 2754 PCT/US

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SIGNATURE of Applicant or Assignee of Record

Signature	<i>Karl-Heinz Ruf</i>	Date	19.5.05
Name	Karl-Heinz Ruf	Telephone	
Title and Company			

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

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POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM	Application Number	
	Filing Date	
	First Named Inventor	TIMMERMANN, Franz
	Title	
	Art Unit	
	Examiner Name	
	Attorney Docket Number	C 2754 PCT/US

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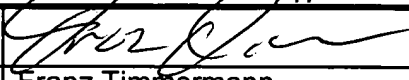
Applicant/Inventor

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SIGNATURE of Applicant or Assignee of Record

Signature		Date	24.5.05
Name	Franz Timmermann	Telephone	
Title and Company			

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POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM	Application Number	
	Filing Date	
	First Named Inventor	ADAMS, Wolfgang
	Title	
	Art Unit	
	Examiner Name	
	Attorney Docket Number	C 2754 PCT/US

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SIGNATURE of Applicant or Assignee of Record

Signature	<i>W. Adams</i>	Date	24/5/05
Name	Wolfgang Adams	Telephone	07542/3995
Title and Company			

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

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POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM	Application Number	
	Filing Date	
	First Named Inventor	VON KRIES, Rainer
	Title	
	Art Unit	
	Examiner Name	
	Attorney Docket Number	C 2754 PCT/US

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<input type="checkbox"/> Firm or Individual Name				
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Country				
Telephone		Fax		

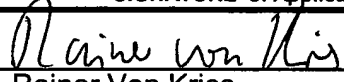
I am the:

☒ Applicant/Inventor

☐ Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature		Date	30.5.05
Name	Rainer Von Kries	Telephone	
Title and Company			

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